



DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Public Health Service

HIV/AIDS BUREAU

April 16, 2001

Dear Colleague and Potential Dental Reimbursement Applicant:

Enclosed is the FY 2001 application form for the Ryan White HIV/AIDS Dental Reimbursement Program (DRP), as well as the application instructions including a glossary of terms. This application for funding covers the services provided from July 1, 1999 through June 30, 2000.

Mailing Your Application

Beginning this year, CSR, Incorporated, in Washington, DC, is the contracted firm working with our HIV/AIDS Bureau on processing, verifying, and aggregating DRP application data. Kindly mail your completed original application and one copy to:

CSR, Incorporated
RW CARE Data Support
DENTAL REIMBURSEMENT
1400 Eye St., N.W., Suite 200
Washington, DC 20005

The application must be received or postmarked no later than June 15, 2001, to be considered for funding. If you need any assistance obtaining or completing the application form, or have questions regarding its submission, please:

Call CSR's toll-free Help Line: 1.888.640.9356 (through June 15, 2001)
9 a.m. to 5 p.m. EDT, Monday-Friday

Or send e-mail requests to: rwcaresupport@csrincorporated.com

Submitting Your Application Online

Beginning this year, you may choose to submit your application online by going to <http://hab.hrsa.gov/drp/> and clicking on the link "Online Submission." The Web-based form will be available May 31, 2001. To be considered for funding, **applications that are completed and submitted online are also due no later than June 15, 2001.**

To protect applicants' privacy and secure the integrity of data submitted online, each applicant has been assigned a unique user ID. Your online user ID and password are the following:

User ID: Password: drp2001

To begin online data entry, you must enter your user ID and password. You will then be prompted to generate a new password. In addition, each application form completed online will be assigned a unique tracking number. The combination of the user ID, password and the application's tracking number will serve to protect the applicant's identity and data from illegal intrusion.

Applicants should keep the application's tracking number and a copy of the submitted form in their records as proof of timely submission. **If you submit online**, you must also mail or fax the following documents to CSR, Incorporated (fax # 202.842.0418):

- a. The first page of the application form with the signature of the person authorized to sign for your institution (item #2). Your online application **will not** be processed without this signature.
- b. Your completed Payment Information Form, unless you submitted this form with your application in 2000 and the information it contained has not changed. (See the "Funding Awards" section on page 3 of this letter regarding the Payment Information Form)

Application Content

Remember that beginning in 2000, only full direct unduplicated counts of patients with HIV who received oral health services from your institution or program will be accepted as the basis of your application for Dental Reimbursement funding. Also keep in mind that applicants are required to complete all sections and data elements of the application in its OMB (Office of Management and Budget)-approved format.

The application is available for downloading on the Web at <http://hab.hrsa.gov/grant.html>; follow the "Grant Announcements" links to "2001 Dental Reimbursement Program." The Application Form contains the following minor modifications from the 2000 form:

- "Transgender" has been added as a gender option for those patients who identify themselves in this category.
- The demographic section regarding race and ethnicity has been updated to reflect recent OMB revision of this material. Specifically, patients are now asked to self-identify as "Hispanic or Latino/a" or as "Non-Hispanic or Latino/a." Also, patients now may self-identify as "Multiple Races."
- Three categories of oral health service have been added to the table showing numbers of visits for various types of services: oral health education/health promotion; nutrition counseling; and tobacco intervention/cessation. These are services frequently provided, especially in dental hygiene programs, but typically not reimbursed by third-party sources. As elements of comprehensive oral health care, they can be supported by Dental Reimbursement funding.
- A column has been added to the table listing reimbursement sources for which some patients may be eligible, and requests an indication of amounts of reimbursements received from third-party payers.

- Some phrasing and terminology have been updated throughout the application, both for clarity and to reflect the new eligibility of dental hygiene education programs to participate in the DRP.

We anticipate that these revisions will be part of the application beginning next year with the renewal of its OMB clearance. Since the DRP is a retrospective program and the application requests information relative to services provided in the prior year, we recognize that information just described in the bulleted sections above may not be available for this year's application. However, we hope that applicants who are able to provide this information now will do so.

Although your responses to some questions at the end of the application (#20–#23) are voluntary at this time, we strongly encourage you to answer them. Your responses will better inform us about your institution or program, your collaboration with the larger community, and your training and other accomplishments. Your responses may also help us target technical assistance activities, as well as document the value of funds expended and the importance of continued Ryan White CARE Act funding for oral health care.

Funding Awards

Another important reminder: As of last year, **DRP funding awards are made by electronic funds transfer only; paper checks are no longer issued.** If your institution or program is a new applicant for DRP funding, remember to complete the Payment Information Form included with the application packet, and available online, indicating the complete bank routing and account information for your specific DRP-supported program. The accuracy of this information will be key to receiving your funding in a timely manner. **If you submitted a Payment Information Form with your application in 2000, you need not submit a new form, unless information such as your institution's federal tax ID number, or bank and/or account routing information has changed.** To avoid unnecessary delays in allocating award funds to your program within your institution, we cannot overemphasize the need for you to share with your institution's grants and finance colleagues a copy of the DRP application you submit, along with a copy of our letter to you announcing the award of a specific funding amount.

Application Data Verification

A CSR representative may contact you for verification of some of the data you submit in your 2001 DRP application. We count on and appreciate your continuing cooperation and assistance with efforts to report complete and accurate program data. Your data reporting is invaluable in documenting the beneficial use of DRP grant funds, and is critical to our ability to justify to Congress the ongoing and increasing need for support of institutions that participate in the Dental Reimbursement Program.

Other Reminders

Communicating with grant recipients through the use of fax and e-mail instead of postal mail is becoming increasingly more routine. Therefore, the contact information you provide us in the first section of the application, especially the fax and pager numbers and e-mail addresses, will enable us to keep you informed about time-sensitive issues of interest to your DRP-supported program.

Lastly, the HIV/AIDS Bureau makes funds available to support requests by CARE Act grant recipient programs for technical assistance in various topic areas. Please contact me if you have identified a need for technical assistance.

Sincerely,

Barry H. Waterman, D.M.D.
301.443.1434 (voice)
301.443.1884 (fax)
bwaterman@hrsa.gov (e-mail)

Program Development Branch
Division of Community-Based Programs
HIV/AIDS Bureau, HRSA
5600 Fishers Ln., Rm. 7A-30
Rockville, MD 20857

Enclosures: DRP application
 Payment Information Form